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**HOUSE OF
REPRESENTATIVES**

STANDING COMMITTEE ON ABORIGINAL AND TORRES
STRAIT ISLANDER AFFAIRS

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HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON ABORIGINAL AND TORRES STRAIT ISLANDER AFFAIRS
Monday, 12 February 2007

Members: Mr Wakelin (*Chair*), Dr Lawrence (*Deputy Chair*), Ms Annette Ellis, Mr Garrett, Mr Laming, Mr Slipper, Mr Snowdon, Dr Southcott, Mr Tuckey and Mrs Vale

Members in attendance: Mr Wakelin , Dr Lawrence , Mr Laming, Mr Snowdon, Dr Southcott and Mrs Vale

Terms of reference for the inquiry:

To inquire into and report on:

Positive factors and examples amongst Indigenous communities and individuals, which have improved employment outcomes in both the public and private sectors; and

1. recommend to the government ways this can inform future policy development; and
2. assess what significant factors have contributed to those positive outcomes identified, including what contribution practical reconciliation* has made.

*The Committee has defined 'practical reconciliation' in this context to include all government services.

WITNESSES

CLOSE, Mr John Noel, Managing Director, Goori House Addiction Treatment Centre..... 1

LOGAN, Mr Dean, Consultant, Goori House Addiction Treatment Centre..... 1

Committee met at 11.19 am**CLOSE, Mr John Noel, Managing Director, Goori House Addiction Treatment Centre****LOGAN, Mr Dean, Consultant, Goori House Addiction Treatment Centre**

CHAIR (Mr Wakelin)—I declare open this public meeting of the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs inquiring into Indigenous employment. Welcome, all of you. I particularly welcome representatives from Goori House; thank you for coming down. I understand you would like to go into a presentation, so over to you, gentlemen.

Mr Close—Thank you. I am Managing Director of Goori House, which has been running for 14 years.

Mr Logan—Good morning. I am the CEO of Patrick Russell Consulting here in Canberra. We have been looking after John Close now for nearly two years and representing him both internationally and nationally, right up to the Prime Minister's office. This organisation has been very successful over the last two years.

Mr Close—When I looked at the committee information I saw it was about the employment issue. I was looking at all of you on the committee and I thought I would introduce you to our world, bring you into our world, show you how we deal with it and then take you through our system. You can see the whole process, what we go through.

CHAIR—Okay. I understand the presentation takes around 10 minutes.

Mr Close—Yes.

CHAIR—Then we will go to some questions—or you might have a couple of additional comments and then we will go to questions.

A PowerPoint presentation was then given—

Mr Close—So this picture shows where we set up Goori House. This is in Cleveland, in Brisbane. We've got a halfway house with it as well. Inside, downstairs is all administration and upstairs is all open living, with beds catering for 18. The next slide shows some of the problems of addiction. Since we started to do this, we see this all the time. I know you have seen it a lot, but we live with this sort of problem all the time. We were not getting solutions for it when we first started out so we started to look at how we could do it. It doesn't just affect Indigenous people.

I have seen this all my life. These are pictures of Maria; it's the same girl, and this shows the progressive nature of addiction. When you are trying to get employment for this target group, it is about understanding their dynamics, where they come from, what's happening in the family systems and that. She was from New York.

These pictures show what's happening in Australia now. There's a big problem with ice, and it's becoming prevalent in the Indigenous community. So you can see these people after one year, three years and five years on the last lad here.

We're saving lives; we're getting great outcomes down here. It doesn't always work, and I will show you. These are pictures of some of the men. The important thing with Goori House, so you know, is that these males come out of significant family groups and before Goori was there they were not getting a lot of well-adjusted primary care, secondary care, and they were getting mixed messages with it. This lad here up the top, Jason, came in. This is what he looked like at the end of the program. Unfortunately, he went out and this is what he looked like when he came back in. What we do doesn't always work. He went again. I understand he's in a real mess, and he's back in the jail system and all that.

I put this picture up so you know where I come from. I wanted to show you a bit more of the complexity of the problem. This circle here is just my mum's immediate family. I've got a big family; I'm only showing you just a little bit here. I've got family all around, all up and down Townsville and that. When we teach our clients about addiction, because they have never looked at it we say, 'Look at your family systems, because it's prevalent, because that's where you're getting the support.' We teach them about addiction and co-dependency. This is what happens. This is my family system, and I've got red circles around everyone who has a drinking problem. The dotted lines are the sisters or the brothers who have gone and married somebody who has an addiction problem. What we have to look at is how we intervene; how do we help these people? So over my years working in the field we started to put some stuff together.

Another prevalent thing that you should understand about the Murris is that they live around the fortnight—the dollar, pension day, and you've heard the saying 'punch-up day'. Then they don't eat in between, on Sunday, Monday, Tuesday, Wednesday, because the women have to cope with all the men drinking. Twenty per cent of the population are doing well. Eighty per cent are dominating it; that is my view, having grown up in it.

Then we show them this, lifespan development. You have heard this saying—I think it is Jewish: see the boy at seven, see the man. So we show them all this. Now, when you get these significant males coming into the centre, they cry when they see this because they have never been shown it before. Remember, we are building them so they understand what they've got to deal with so they can stay in employment, long-term employment. We've got to show them all this stuff.

The other critical thing for my staff in this industry is that we've got to keep up with all the professionals in the game—the doctors, the GPs, the psychs, the community corrections people, the state board. It is important that, from our first contact, the program is very structured and my staff are working through it in a structured way and doing everything professionally.

My staff are from the community. They do not have degrees, so we have to train them as well. The slide shows how we train them. Everything we do is visual. They come in and it takes this time. They volunteer and they go through staff development. Eventually we will train them all up so they will get a diploma in alcohol and drugs and in business. It takes five to six years to get the award. Everyone is teaching everyone in our centre. From there, we can then show the clients.

Clients get a different visual, that is shown on the next slide. I will show you the paperwork that is behind it, but when we are case managing we want a simple thing, which is a stick man. As you can see, we assess the client. We need to know their therapy, legal, family, relationships, leisure, Centrelink and medical history. The next slide shows the program. Alcohol and drug treatment programs are pretty similar across the board. Again it comes back down to HR and how you are training your HR—how they are getting outcomes. Again I will go back to the fact that Health and Ageing have scrutinised us, and the statistics prove that we are getting the best results in the country. This is the program. It is not just one thing. It is all right to say, 'Let's go and do employment,' but there are a whole lot of other issues that you have to deal with to make sure a client comes out self-sufficient, understands what to do and has after-care.

The next slide shows the cross-cultural awareness program. Cultural awareness is a big thing. I do not know whether you have done cultural awareness before, but I have. My opinion, professionally, is that a lot of my people are blaming. We do not look at that. We look at recent history and early history. Shaming and blaming is a big thing. If you get called useless all your life and you get this message of, 'You cannot do it,' that is what you are going to get. Unfortunately we get that message in our family systems. I do not like shame. I will tell you a bit about it. I do not know if you have been around Indigenous people. I have shown Andrew a bit. I have dragged Dean around the countryside. Have you ever heard of shame? 'Shame!' It is the worst thing you can do. I do not like it. I think it is derogatory. If you are dancing well and people call out, 'Shame!', then you walk away. It is just a little thing. 'Manhood development' is another session in the cross-cultural awareness program. I will give you a history lesson really quickly. In my opinion the worst thing that ever happened to Indigenous affairs was when they gave us the dole. It broke the man's role in the family system right down. That happened in '75, I think.

The exit needs to be formulated realistically and professionally by my staff, so we are monitoring all this process when we go out, because we are dealing again with employment places. We do not simply say, 'Just go and get a job in a factory.' We want to look at career paths and that sort of stuff. Again we use a simple tool, as shown on the next slide, another stick man. When people go into a halfway house we start to look at their support network, employment and training, medical situation, and some of the things that were on the other stick-man slide. There is similar stuff there. The halfway house program is a three-month process. My case managers are monitoring this on a regular basis.

We utilise the SIRITIS management system. I will talk about treatment because I only have a few minutes so you can question me. Again my staff know through the staff management map what they have to do. If we go back to treatment, it is so critical that they know about this. Once they collect the data for our statistics and so on, this is a critical document that they need to be going through the process to access. They can get it easily. It takes 20 minutes. Once they are through this whole system, have been assessed and are accepted, they come into a Galangoor program, which is ANTA accredited. What I have had to do with the centre is go to the state government with ANTA train the trainer certificates so we can produce a program that is in line with everything. Now we are working in with STEPS, which is a federal program. They love us too, because we are getting the best outcomes again on this catchment group. We are getting over 60 per cent completing our programs. It is all documented in their reports.

In closing, the stick men are the exit plans. Even though we have a visual on top and my staff are doing this—the copy I have with me is out of date—at work they have that stick man on top of the document with monthly reviews, plan adjustments and so on. All that sets out the background. We show that to the clients so that they can see it, because this catchment group are visual and they are doers. We want to monitor them from the stick man, not from paperwork. So it is a simple tool for them to use. I will close it there.

CHAIR—John, thank you for that. We have spoken a couple of times before in recent times and I am pretty encouraged by what you have talked about. Dean, did you want to add anything at all?

Mr Logan—No, not really. All I wanted to allude to was the time two years ago when John rang. I have worked in this place for a long time and I know as much about politics as anyone. I said to John, ‘Okay, you guys are in a bit of strife for policy reasons, government reasons and political reasons. I don’t know if I want to take you on as a client, but I will come and have a look.’ I went and had a look, and they were one of the best organisations in the country. I have watched guys come out of prison and get their certificate at the end. I have seen tough men cry. Why? Because they look at the issues associated with their history; they do not blame the whitefella. The whitefella learns from the blackfella, and the blackfella learns from the whitefella.

We went through the process, and \$2.1 million later, with a lot of help from people sitting here, there were success stories. There were articles in the paper, and people know them—people in Washington know them and people in Geneva know them. We are working hard. Now we have become the first tenderer of Indigenous services to the Department of Health and Ageing. We are trying hard, and it is because of this guy here. In summary, John has given you a very quick snapshot of a structured process which is seen very rarely, if at all, in an Indigenous drug and alcohol rehab. The management tool that he has is one of the most simple but effective that I have ever seen, and he designed it himself. Why? Because he started this process of CDEP. He was on CDEP himself, and look where he is today. He is achieving some of the best outcomes of any drug and alcohol rehab in the country.

Although I hate to say it, a lot of politicians do not want to hear that. Time and time again we see strategies put in place that do not work. We are not going to place blame. We are not going to sit here and say, ‘Shame on you.’ We are going to say, ‘Listen: we’ve got some good solutions here for you.’ We want to work with the community. We want to work with the brothers and sisters. We travel the country and we know who the good guys are. We are going to keep going. That is why we are here today. If I have anything to say, it is probably that.

CHAIR—Thanks, Dean. That puts it nicely in a nutshell and I think it supports John’s comments very well. I just have two questions and then I will ask Carmen to ask some questions and then Andrew Laming. We have two Andrews here today. John, you mentioned a figure of 60 per cent. Can we get the historical context of that? I am not talking about just your organisation. I have had a little bit to do with rehab in previous substance abuse inquiries and it is a particularly tough area. Sixty per cent is well up on anything I have ever heard of that I can remember. Can we compare it to what has been out there before—no names, no pack drill, but just a concept of what was there before? We have talked about your database before and the way you hit a button and you have it all there. You have tracked all that information through and a lot

of effort has gone into keeping it there and keeping it coherent. Can we talk about where this process has come from? Do you see what I am saying? Previous histories have not been good. There has been a bit of form in terms of rehabilitation. My next question will then lead to employment outcomes. Can you talk a little bit about that?

Mr Close—When I say 60 per cent, you have to look at the treatment industry in Australia. There are three- to nine-month programs that are generally happening in Australia now. We are getting 60 per cent in a three-month process because we are only funded for the three months even though we have a nine-month program. Then we push the clients over to the halfway house. Out of the ones who go to the halfway house, there are still 60 per cent completing that next three-month process.

So you can have a comparison, all we have done is that we have gone back to personal attention. The other centres I am questioning and questioning. They are 90-bed centres—and this is mainstream. They are big centres. Their counsellor to client ratio is probably 20 to one. We have tried to knock it back to six to one—the personal attention of our staff. In relation to the Indigenous ones, structure, a culture of not a businesslike approach and using association and all the family—

CHAIR—That was the message that came through to me so strongly: this discipline within the movement.

Mr Close—Yes. And you can teach it. We laugh and muck around where we are, but at the end of the day we need to fill out the forms. We need to go through the processes. So that is what I am talking about—you break it up into those sections. Then there is the debate I have had over time with departmental people. They take me back to that and say, ‘What are you doing in after care?’ No-one is doing anything in after care, yet they want to debate me on that issue. So I sort of stay in between that nine-month process. So that answers your question on that.

CHAIR—I think so. I suppose I was going back a little further, too. Governments are always interested in percentages and outcomes. But we will just leave it there for a bit. Can I just go to the employment type. Can we make a connection? It seems self-apparent, but can we talk about the connection with employment outcomes? If you are getting this sort of positive outcome from the substance abuse side, is there anything particular about the way these people go into the employment market, their medium-term outcomes?

Mr Close—One of the things through the program—have you heard of Murri time? Murri time means they can show up late.

CHAIR—Yes.

Mr Close—Stuff like that. So it is a dysfunction. It comes back to the program. When they start going to employment—firstly, when they come into the treatment centre, all of them get a certificate II in horticulture. People go, ‘Oh, it’s a cert II in horticulture.’ The point is that they finish this process in there. These programs are adaptable. If you want to be a rocket scientist, you can take them into the next diploma. Because, when they move over to the halfway house, they continue doing career pathing. So they are showing up to the meetings. They are showing up to the meetings with employment et cetera. They are also doing their support network,

dealing with family dynamics. That is why they are staying employed—they are going on to longer things—because they are not just going to the job club; they are starting to deal with the family systems. A lot of these blokes are going back to—some of them have unfortunately had two relationships and they have six kids, and they have to worry about all that. They are dealing with what is happening back at home.

I am from Brisbane. I do not know whether you know Woodridge? Does anyone know it? Woodridge is like Redfern. I think St Kilda had a bad name. Woodridge is down there near Ipswich. It is a highly integrated process: 'Don't go back and live at Woodridge. Go to the next suburb.' And we teach them about money: 'For \$40 more, you can live in a nice house up the road. You can still go and see your family.' So it is all these little dynamics that they are getting shown and supported in.

The other issue with this target group, you must realise, is that it is the first time that men can sit down at a table and talk rationally about their issues. I have taken Andrew—I have been cheeky, I think, with Andrew—and shown him some of our people who just want to argue and stand over you. And I had to go and get him out of there. So they yowl and go on. They can sit in a rational way and not be fearful of that yowling and going stupid.

CHAIR—This is my last question. It is just about impossible to do it in a simple, short answer. You touched on the cultural issue. I think it is one of the great challenges of this whole issue, particularly related to employment—and you mentioned Murri time earlier. Can you just give us a glimpse of the cultural dilemma, the cultural challenge? How do we adapt and how do many Indigenous people adapt in a cultural sense to the work regimes, to the employment regime? Can we just get a glimpse of that? I know you talked about it earlier. I think that is why I was quite challenged by what you were saying.

Mr Close—I think the cultural awareness package we have is one of the biggest reasons why we are successful. When the Indigenous clientele come in they blame; same as the non-Indigenous clientele. They come in and they have a perception that this is what happened. We just sit down, look at it and break it up into two sections. We ask their opinion. We ask the non-Indigenous their opinion and then we give them the historical facts and have a discussion about it. A lot of people do not understand it. Can I ask: does anyone in the room know what happened at Sydney Cove when Captain Cook first came? What is on the plaque? This is a good example. Captain Cook landed. It is on the plaque—I went down and read it. Cook saw an older Indigenous man and a younger Indigenous man, who came down and started chucking spears. They fired at them, and Captain Cook—

Dr LAWRENCE—I knew about the event; I did not know about that. There is a wonderful book by Inga Clendinnen called *Dancing with Strangers*. I recommend you read it.

Mr Close—These are the little things that we never got taught. I grew up hearing: they massacred us; they massacred this and they massacred us. I read *Blood on the Wattle* and about Pemulwuy. My people retaliated—and I know it is awful—but I felt proud. They did not massacre. I understand some of the massacres happened, but we went back and massacred too. That is what happened on the settlement. If I am critical of Australia, it is because we do not look at our 200-year history. I do not agree with the genocide issue, because I know a lot of my history even though it happened. I will give you an example in Roma—we talked about this.

There was a massacre, a skirmish. They were hitting everyone—all the farms. They chased them and they got this lady. I think it was a Scottish or Irish person—one of those nationalities. They caught them up in the hills. There were about 50 of them. They got them in a crossfire in the daytime. If I was the general, I will tell you now, I would not have come down in the daytime; I would have waited until night and come down. So it is sort of like Gallipoli: we should not have jumped out of the trenches.

Dr LAWRENCE—It is a pity there is not any recognition in the national war museum. That has been an issue: recognition of the resistance.

Mr Close—If we looked at that, you would shut up a lot of non-Indigenous people who are not my leaders, who debate on public TV on an emotional basis and do not look at their own. I hope that answered your question.

Dr LAWRENCE—I know you only had 10 minutes to make a presentation, and my background is initially in psychology. I am interested in the key elements of the treatment program. What are the key elements in the treatment program, your therapy program? What is it? We have heard a little about the cultural awareness training and getting over the shaming and so on. But the histories of some of the people, especially coming out of jail, must be pretty horrendous. They have been through just about everything that life can throw at them, so they are not going to turn around easily and quickly. What sort of professionals do you employ; what sort of Indigenous people?

Mr Close—I will take you to my budget, because it is a budget issue. I was paying staff \$22,000 a year to work in this place. So I ring up a person who has a degree and say, 'Can you come and work for me at a rehab for \$22,000 a year?'

Dr LAWRENCE—People will do it for a while, but even goodwill flows out.

Mr Close—And there are volunteers. I am not unique in the industry. NGOs have got this problem across the board, so this framework I have been building is to help them, so the volunteers get something out of us: certificates and a career path. We have people who have no diplomas, who came out of labouring jobs. I have looked around and recruited like that. I also recruit staff who are stable. Finding people who are stable and well adjusted in the family system is the big thing. Then what happens to my staff? Do you know where I lose them? To the government, because you have all your initiatives. I do not get bitter about that; that is just normal. I have to work out from a business point of view how I can get the staff. None of my staff have degrees and yet, through this system, they are the best allied health, alcohol and drug treatment team in this country.

In relation to the clients, can I take you back to that visual of the stick man. I do not want to bore you but that is what we use, and the time lines, because they want to see it. A lot of them are visual and they are not going to write, even though we have books behind it. When I wrote this I targeted it at grades 6 and 7—six up to eight—and I put in a lot of it as visuals, even though there is a lot of psychological work in it. Then we go through the induction. The induction and assessment are critical. When they come into Goori House, I have a clearing house and they have to come through the assessment. We had problems with Indigenous clientele coming out from drug court: everyone is paying for them so they came and then they took off the

next day. So what we did was sit with the drug court and say no, that they had to give us \$100. I do not want that off their mother or the legal aid or the Salvation Army or anybody. They need to give me \$80 to come in—so at least if they walk it is their money. They are just little strategies that we have put in.

Mrs VALE—I think it is called ownership, actually.

Mr Close—Oh, right.

Mrs VALE—That is what you have done, you have made them have some ownership of the program.

Mr Close—I call it: get out here! It is just little things like that that we have done. And you have to realise it is the team that are doing this. I have a treatment centre and I used to worry like anything. Now I have all these people running the treatment centre down there, and they are doing it on their own and they bring the stuff up. To go back to your question, even though we have a lot of paperwork behind it we are using simple things like this, taking them through this booklet, and they are working every day.

Dr LAWRENCE—So it is mainly talk. I am just trying to get a feel for what you do. If someone walks in the door, you assess them and you work out their strengths and weaknesses. What happens—what is their experience being there? In most treatment programs or therapy programs things happen: they do one-on-one therapy or they have group work or they just talk. I just do not have a feel for how this differs from the other programs that are failing. You are obviously putting in some hard work in doing the assessment and the business management and the back-of-house work, but from the point of view of the fellow who comes out of jail and turns up on your doorstep, what happens with him? Who does he talk to? How does it happen?

Mr Close—Who do they talk to?

Dr LAWRENCE—I am just trying to get a feel for his experience.

Mr Close—The people in the target market in addiction come from dysfunctional families. They will come in and immediately they will look at you and judge you. Do you know what gammon means? We all have things in our closet. They will pick up on that, just like that. So that was one of the strategies. I have got problems in my family but I deal with them and I am well adjusted, and you can see that. You have got to live it, because these people come in and they are very judgemental. In our community everyone has the wood on everyone. When you are gammon—and I do not know if this is explaining it—they will not come in. When I set out to set up Goori House, one of my aims was that they might not like us but they would know we are not gammon because we have got this structure with the people there.

I have just recently let go of a house manager because he was in a critical role at the community level and he was doing things in that position that would have been judged. We got rid of him because it is inappropriate to behave like that. We are in a leadership role. I used to be angry at Mr Logan and you could see it, so I have had to learn to deal with that at this level. That is the sort of thing that is different. The staff do their job. We were gossiping in HR, and in any place gossip is your worst killer but we all do it. If we have got problems, when we sit down

with the clients they can see that. We went through that with the loss of the house manager, so we talked it through. We teach and we cannot be hypocrites; we have to lead by example. That is our success. I have worked in a lot of centres where there is gossip in HR and hidden agendas. We keep a close rein on that and we have processes where we talk weekly about that. In terms of the clients, we do similar things. To go back to the treatment programs, they are similar whether you are in my centre or in Moonyah, the Salvation Army one, or in Mirakai. They have similar things. Again it comes back to how you are training your staff and how you are recruiting. I do not know if that is answering your question.

Dr LAWRENCE—Words never satisfy really, do they? I need to go and have a look, possibly.

Mr Close—Yes, please.

Dr LAWRENCE—I have a couple of other questions relating to your success rate. It is terrific that you are doing so well. There are two issues: one is completion—actually keeping them there for the program. That is vital. You cannot do anything if they are not there. So I commend you for those high rates. You obviously have a follow-up as well. What is your feeling about success measured in terms of employment, further study, simply staying clean or dry, reduction in family violence and all those outcomes which you would hope would follow from them having completed the program? Do you have a bit of a handle on that?

Mr Close—No. With the three- to nine-month programs we have a good process of watching that process. This question you are asking—

Dr LAWRENCE—You need resources to do it, I know.

Mr Close—We are putting a questionnaire on our system because they ring up all the time and say, ‘We’re working; we’re good.’ They come back to our in-house meeting. We are trying to work on a nice gym to attract them back. We are looking at proper cultural camps where we can bring them back yearly and take this data. This is from the anecdotal evidence. Some of them are having a beer again. Heroin addicts are having a beer. The point is they are not back in jail. They have a job. We want to collect this data. I hope they do not drink. My opinion professionally is that if they are having a drink, give it time and a stressor hits them then they are going to pick up their drug of choice, which is heroin, and the process might start again. However, they have processes in place. I say, ‘Don’t come back to me. Don’t start blaming. You knew where to go for primary help.’ They know that. To answer your question, they are ringing up telling me that they are working. I say, ‘Every time I go to a committee meeting they are going to ask me this question, and they do not fund me for it!’

Dr LAWRENCE—I was not being critical of you. It is a common problem that people are not able to follow up.

Mr Close—This is for the country. I am the best in the game—I want this to be in our country. We have a speed epidemic hitting this country, and our primary, secondary and tertiary care has a lot of debate around it. It is a big issue, as you would well know.

Mr LAMING—I think Carmen's question is a good one. My sense, having visited, is that what you are doing that is slightly different is, firstly, that you are residential. It is always going to be more expensive to run those programs. You have a low staff ratio. You are living in a household environment where you feel you are in a house where everyone is working on the same team—'I am not in a ward or a unit where it is artificial.' There is the real feel of success. There is the feeling that people before me have succeeded and I am with people with whom I am going to succeed. Those who are delivering the programs are people who have been through it too—they are not necessarily alcohol and drug professionals in isolation. They have been through the struggle themselves. That is the feeling I get when I am in Goori. They are the five things that I really pick up when I go to the unit.

My questions, spinning off from Carmen's, are: what are the frontiers for you? What is stopping you from rolling this model out more extensively? As a preferred provider, is that going to divide your attentions? As a motivated leader, how do you ramp it up if you start picking up a job on Palm and another one in the NT? Can this model do it with you? What are the bottlenecks?

Mr Close—We are trying to consolidate the budget at Goori. I am currently working on the training structure of the whole centre. It is a visual thing; I cannot wait until that is done. Teams are doing it; I just direct them. We use a lot of Gantt charts and it is visual so we know what is happening. Unfortunately, with HR there are people who are proactive and there are people who are not. You just have to manage it from a management point of view. This system is good. Again, you have to come and have a look.

Once that is consolidated and you have the training process in, you go back to the staff training map. It is just that simple. You just keep putting them through, and monitoring them through the system. I will give you an example. If I am looking at the statistics for a centre on Palm Island—you can break it up into three-month processes—and they have had 15 come in in January and only a two per cent outcome, I want to go up and ask the questions. There are professional questions about what they do. It could be because it is summertime and everyone leaves. That is a valid issue—as long as there is an explanation for it. That usually happens in our centre. We do not go back down to two per cent, but we lose a lot. You can monitor it, and so can the department. They need to ask valid questions.

Mr LAMING—My question was this: what is the next step for you to ramp this up so that this model is all over the state or the country? What is holding you up?

Mr Close—We need to consolidate Goori.

Mr LAMING—What is holding your up?

Mr Logan—Policy. Can I nip that in the bud? In policy terms, there is some significant policy there at the moment. You all know this if you travel the country. NGOs, whether they be Indigenous or non-Indigenous—although I am talking about Indigenous ones now—have anything up to 25 different funding bodies. It is very hard for them to keep abreast of that issue. Policy coordination is not working. We are trying to do too much with too little. Instead of funding 200 centres, why not fund 120 and do it properly? Strategy and structure are not working. They keep rolling the same old solutions out and they are not working.

An example is that they will put a medical centre into a community—and we know that this is happening at the moment—and that medical centre may look and smell nice for six months, but it is going to get busted up. Why? Because the community is not being seen as a strategic objective. There should be a strategy for the entire community. There have to be primary, secondary and tertiary solutions, not just tertiary, primary or secondary solutions on their own. It has to be linked in. There has to be some policy synergy. That is simply not happening. The bottlenecks for us are policies. From an advisory point of view, ministers are being ill-advised, and that has to stop, both at the state and federal levels. The OIPC and the issue of policy coordination under mainstreaming blah blah blah are not working. It is dysfunctional. People are not talking. There is no strategy. In fact, we have lost the strategic policy focus in terms of policy development and implementation. I would argue that just about every key area within the whole policy cycle is breaking down.

Even though we are a preferred supplier of Indigenous services to the federal department of health, along with Aspen Medical, who are providing huge solutions internationally, we still find it extremely hard to get in there and have a go. For 12 months or so, we have been asking the government to give us a project. We have not had one rollout yet.

Mr Close—As an example, they have asked us to come to Palm and to Namatjira Haven in northern New South Wales to do something on addiction treatment. They have big Indigenous populations. They only want two things. I said to my people, ‘We’ll fail.’ It will fail unless you look at it through the whole system, put it on and be there with them. They come and ask me for bit of advice, grab the information and then they do not want my professional advice. Little things like that should be looked at. I run it as a business.

CHAIR—That is a big thing, isn’t it, not a little thing?

Mr Close—It is a business. I have to get outcomes. I do not look at my grants from the government as grants; they are a contract that I have with you. You expect these outcomes, and I produce them. I would rather work like that. If you could put that culture into the system, that would be good. The other thing that I should have said about what makes us unique is that I bring my culture with me. These are my sons and daughters. I treat them like my own. I feed them; I look after them. It is a great strength of ours.

Dr LAWRENCE—That is why if you are replicating the model around the country you need to find people like you, because you cannot do it everywhere. You can do it in your community and transfer the model and the attitude, but in each community you have to find heroes like you to do it and stick in for the long term.

CHAIR—That was Andrew’s point about re-creating this.

Mr Close—You have to understand that the people are there, but they will not come out. I am not getting into that. I am dealing with one mob in my country on Stradbroke. On the weekend, we are going to a meeting. Is there a therapist in the room?

Mr SNOWDON—Do you have any relationship with Job Network providers?

Mr Close—Yes.

Mr SNOWDON—How do they work? How do those relationships develop? What happens with the clients of those Job Network providers once they leave your place?

Mr Close—They hook up with them again, and they have to go through all the processes. A lot of our people are going through long apprenticeships, so once they get in there they just move on. We have employment programs during the week, and they come in and the team sits with them. They have to be proactive. That is the difference, I think. The lads are really working. Even though they utilise the Job Network providers, they are doing the work—if that answers the question.

Mr Logan—That is one aspect of what we do . We have the employment strategy—John will elaborate on this. We are working with Sue Hudson and Associates up in Sydney. I think there are about 20 or 25 apprenticeships with BHP coming out of that. We have a really good business network in the Cleveland Street area. We talk to all the businesses there. John has more multimillionaire friends than I could ever possibly imagine, and these guys are taking on some of the lads coming out of the program. It is about building that community framework as well with the Job Network providers plus people like Sue Hudson in Sydney—or, using our term, the papa-daddies. It is about pushing young men out of the centre into apprenticeships with BHP and BlueScope et cetera.

Mr Close—You have to remember that we are putting seeding processes in. You do not want to burn bridges. These people have to show up. We are always on about that. We do not send them unless they can do the actions—actions speak louder than words. So we monitor them through the system so they are doing it. If they are not, unfortunately, we push them off the job club to go through the system. They still get their jobs. We are about long-term employment and staying to finish your apprenticeship. You are going to be doing it for the rest of your life, so you have to look at these issues. I have something to say about another question. This is what happens in the community with the job club. The community from Stradbroke Island said to me, ‘Are you going to pay for the barge to come across?’ I said, ‘No.’ They said, ‘Will you pick them up from the barge?’ I said, ‘No.’ They are not going to get a job if I have to do all that for them.

Mrs VALE—Following on from Dr Lawrence’s question, John, it seems to me that what you do with your program—and I could be very wrong so I want to ask you if I have it right—is, with the use of your stick man, you seem to make the person feel as if they are the centre of their universe. With all of the programs that you have surrounding that person, you make that person also feel supported and as if they have options, instead of being like one of the fish in the stream that is just being carried along. When I look at what you are doing, that seems to be the most important thing: you are really placing the person in the centre of their universe and giving them some options, telling them how to do it and supporting them in doing it. If there is any guarantee for success, I would say that that would have to be a very important step. Do I have that wrong? Is that what you do?

Mr Close—We have just had a lad through who had been in jail. He is a bully. He’s Australian. He has been in jail for 20 years of his life. He is going on 40. I don’t know how they have children. Anyway, he has a housing commission place where I grew up and played football. It is not a nice neighbourhood. He had a relationship with two doors down’s sister, and he wanted to go and live there after treatment. We sacked him on that issue. Now he is leaving that house. We got the list out and said: ‘You need to do this, this and this. Then come back and see

us—or go. We want to see you do that.’ And he is doing it. When he comes in and starts, ‘Blah, blah, blah,’ I say, ‘Where’s that stick man? I want to have a look at it. Have you done this? Good, tick it off. Get out of here!’ And he is doing it. If he gets out of that environment, he will go back to jail. It is unfortunate that we live in this world. It is trailer trash. I grew up in it. I went back where I grew up and I was shocked. I am glad I am where I live.

Mrs VALE—John, you are just personally so inspiring. With what you have done you are just a shining example of somebody who really cares and puts their heart and mind into a problem. What you are doing for your people and for all of Australia is just awesome.

Mr Close—When I started in the prison, I was in Barellan, there were 60 per cent not doing their programs. They brought me in on the team. This was back a few years ago. This is what I learnt. I used to deal with psychs and doctors. Now they are all using the stick man. I used to go to the meetings and go, ‘I need to understand, because I’ve got to help this person.’ They all use the stick man now. They go, ‘Thank you, John.’ I wanted them to use the system because it is so simple.

Mrs VALE—I think the vast benefit of the program you have developed is that it has actually come from the Indigenous community itself, essentially, for the Indigenous community. I know that you can actually apply it to the wider community, but you really have some very real solutions for all of Australia.

Mr Close—Another issue was when I was doing the program. When I wrote it, put it all together and put it in, I said, ‘We’ll sell it for a million dollars,’ because there are programs that I know they have sold for a million dollars. We are an NGO and the booklets are \$20 each—what we did was that we worked it out so that the NGOs can afford them. They are \$20 each and the client pays for them. When the client comes in he is paying for it and he owns it, instead of getting this thing given to him and walking out and leaving it behind. At least they pay for them. In the long term as an NGO I am recovering costs. That is what my friends tell me: ‘Recover costs, John.’

Mrs VALE—I have one very short last question. What would you like us as a government to do if you had your druthers in this world? What is your next big challenge and what would you like us to do? Is there anything we can do as a government?

Mr Close—I do not know what Dean thinks. I just want to consolidate Goori. It is a showpiece to look at financially. We have done a lot of work. We are dealing with the state government now too. Federal has been great to us. We battle, but we just want to consolidate this thing and see it working properly, being funded and with proper wage equity. Wage equity is an issue in this country. As to drugs and alcohol, that is why we are having problems—because of wage equity. Then I have to go in and argue over a wage bracket for a career path for my staff. You have to realise that another great thing with this is that, if we train staff up through this process from bottom to top and they have worked five or six years on the floor, they can go into policy or into government on their career path, and what an asset that is for this country—to advise our ministers and our government on how to deal with this problem. It is getting worse. People think this is going away but it is not. There are people in these communities that we just have to help by putting these systems in.

CHAIR—I have one question that I would like to draw you out a bit more on. You were very strong on the welfare issue. As I understood it—correct me if I am wrong—you saw significant damage in that process. Can you draw that out a little for us?

Mr Close—In history we had a job before all of the settlement and all of that. Then it just slowly went away. We went into the missions. I will talk how I talk—I think there is a technical way that they talk. We went into the missions. In there it was good. My mum was from Cherbourg and they were working good. We had stockmen and they were doing all right. But then, when the welfare came and they left the missions to them, they did not teach them how to be doctors or how to run a business. That is the sin. They were good people to teach them all of that. That is all I am saying. The welfare just took the man's role in the family system. You have three generations now of dole bludgers—of men drinking. My people are from over the border in Northern New South. I go up to Hervey Bay, Rockie and Townsville. We seem to socialise at a funeral. There is a funeral every month and it is alcohol and drug related. I am not here to blame the Australians.

CHAIR—I understand.

Mr Close—What are we doing? That is why I built this, because there are a lot of people and I am trying to educate everyone.

CHAIR—I am sorry to draw out that slightly negative component at the end, but I just thought that you were quite strong in the presentation and you saw that our inquiry really is about employment outcomes and what leads there. There is history here which leads us to where we are today, and that is what you are touching on there.

Mr Close—And what is the solution? We are always looking at that.

CHAIR—I am indebted to you; thank you both for being with us. I did not know at those meetings last year when you were busy thumping tables and things that it would lead to seeing you again today, so thank you very much.

Mr Close—Thank you.

CHAIR—Is there anything else you would like to say to sum up?

Mr Close—Thank you for letting us come.

CHAIR—Thank you for coming.

Mr Logan—There are a lot of positives out there, Chair. We look at the media all the time and it is always negative. Look at organisations like CAPS up in Darwin; they are a fantastic organisation. You see the sister girls sitting around, the old ladies there sitting around—they are beautiful. It's just fantastic. What we will endeavour to do, and we will do this, is come back here this year. We are going to pick out those good men and those good women in those communities that are too scared to come out, and we are going to bring them to the federal parliament. We're going to bring them to Canberra. We're going to bring CAPS down and we're

going to say, 'Look, there are so many positives out there.' We're sick and tired of the negatives. It's got to happen.

Mr Close—And these are the people who don't get into the peak bodies and are not part of it. They're just working and they don't get heard.

CHAIR—Yes. Great stuff. Thank you very much, John Close and Dean Logan.

Resolved (on motion by **Mr Snowden**):

That this committee authorises publication, including publication on the parliamentary database, of the transcript of the evidence given before it at public hearing this day.

Committee adjourned at 12.11 pm